

Rec'd J/T/PTO 31 AUG 2004

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506295

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4				2		
5				3		
6				3		
7				3		
8			1			
9			1			
10						
11				2		
12				3		
13				3		
14				3		
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48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			28			
TOTAL CLAIMS			34			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS